Name in Full: Mary J Bounds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Sept; Day: 16; 1904

Age: Years: 34; Months: ; Days:

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: Daniel Bounds

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Adam Pinckett

Father's Birthplace: Md

Mother's Maiden Name: Hester J Cathell

Mother's Birthplace: Md

Name of person giving information: Adam Pinckett

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Infarction

How long: Few hours

Immediate: Heart failure

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Simms M.D.

Address: Salisbury Md

Accident or Suicide:

8

LIBRARY BUREAU A88816

Name in Full: Unnamed infant of Isaac Bounds

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Siloam — County: Wicomico

Date of death: Month: Sept. 1904 — Day: 16 — Age: Years: — Months: Two — Days: Three

Sex: Male — Color or Race: White — Birthplace: Siloam

Occupation: — Where Residing if not at place of death: At Siloam

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Isaac Bounds — Father's Birthplace: Siloam Md.

Mother's Maiden Name: Katie Taylor — Mother's Birthplace: " "

Name of person giving In formation: John E. Bounds — How related to deceased: Grandfather

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~: No Doctor attended the child — How long: —

Immediate: I dont. Know — How long: Two Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of Physician~~: Geo. E. Hill

Address: Undertaker, Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Infant of Peter Bounds

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: Sept — Day: 29 — Age — Years: — Months: — Days: 11 hrs

Sex: female — Color or Race: White — Birthplace: Salisbury Md

Occupation: — — Where Residing if not at place of death: " "

~~Married~~, Single or ~~Widowed~~: single — ~~Name of Wife~~ or Husband:

Father's Name: Peter Bounds — Father's Birthplace: Wicomico Co Md

Mother's Maiden Name: Maydel Bounds — Mother's Birthplace: " "

Name of person giving information: Peter Bounds — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Defective Heart — How long: 150 d

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Stevens M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Annie B Bittinghaus

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: Oct — Day: 23 — Age — Years: 26 — Months: 11 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Del

Occupation — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of ~~Wife~~ or Husband: William H Bittinghaus

Father's Name: James A Maddox — Father's Birthplace: Del

Mother's Maiden Name: Theodosia Morris — Mother's Birthplace: Md

Name of person giving Information: William H Bittinghaus — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 3 weeks

Immediate: Exhaustion due to exanthem. — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: Jno C Ridick

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A89316

Baths were refused by family

Name in Full: Levin Burbage

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 Month: Sept Day: 10

Age: Years 67 Months Days

Sex: male

Color or Race: Black

Birthplace: Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Don't know

Father's Birthplace

Mother's Maiden Name: Don't know

Mother's Birthplace

Name of person giving Information: Levin Burbage

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic nephritis

How long: don't know

Immediate: Pulmonary oedema

How long: Few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: J M Goslick

Address: Salisbury, Md

Accident or Suicide? no

LIBRARY BUREAU A88016

Name in Full: Infant no name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: 1904 Sept; Day: 19

Age: Years: 3; Months: 3; Days: 3

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Lorenza Copes

Father's Birthplace: Va

Mother's Maiden Name: Henrietta Williams

Mother's Birthplace: Md

Name of person giving Information: Lorenza Copes

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't know

How long: all his life

Immediate: Spasms

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Holloway & Co

Address: Salisbury Md

Accident or Suicide? no

undertakers

LIBRARY BUREAU A88513

Name in Full: Elizabeth Crawford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Green Hill — County: Wicomico

Date of death: Month: Sept — Day: 20 — 1904

Age: Years: 70 — Months — Days

Sex: Female

Color or Race: White

Birthplace: Quantico

Occupation: Wife

Where Residing if not at place of death: Green Hill

Married, Single or Widowed: Married

Name of Wife or Husband: H N Crawford

Father's Name: Jonathan Phillips

Father's Birthplace: Delaware

Mother's Maiden Name: Annie Taylor

Mother's Birthplace: Quantico

Name of person giving information: Wm H H Dashiell

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery

How long: 3 weeks

Immediate: Heart Failure

How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H H. Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Mary Louise Culver

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Sept. Day: 1st 1904

Age — Years: — Months: 7 Days: —

Sex: Female — Color or Race: White — Birthplace: Dallas Tex.

Occupation: — Where Residing if not at place of death: in Salisbury Md.

~~Married~~, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~: —

Father's Name: Merrill G. Culver — Father's Birthplace: Sussex Co. Del.

Mother's Maiden Name: Mary E. Phillips — Mother's Birthplace: Wicomico Co. Md.

Name of person giving Information: Merrill G. Culver — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteric Infection — How long: 7 or 8 weeks

Immediate: Inanition — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemons

Address: Salisbury Md.

Accident or Suicide? No

LIBRARY BUREAU ABS 16

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Name in Full: Laird T Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904: Month: Sept; Day: 24; Age: Years 2, Months 6, Days 1

Sex: Male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Daniel T Dennis; Father's Birthplace: Md

Mother's Maiden Name: Annie E Carey; Mother's Birthplace: Md

Name of person giving information: Annie E Dennis; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion of Lungs; How long: Five days

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemons M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Clyde Downs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wardela — County: Wicomico

Date of death 1904 — Month: 9 — Day: 15

Age — Years: — Months: 3 — Days: 15

Sex: Male — Color or Race: Black — Birthplace: Baltimore

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: do not know — Father's Birthplace: don't know

Mother's Maiden Name: Lucy Byard — Mother's Birthplace

Name of person giving Information: Rev. F. W. Downs — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Intestinal Obstruction — How long: 4 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. T. Seabrook

Address: Wardela Md

Accident or Suicide?

8

LIBRARY BUREAU A63316

Name in Full: Annie Dingle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Peninsula Gen. Hosp. Salisbury — County: Wicomico

Date of death 1 90: Month: Sept — Day: 23rd — Years: Age 51 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: African — Birthplace: Delaware

Occupation: Laundress — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Helen V. Mrie Supt — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suffocating from all bladders — How long: 6 weeks

Immediate: Exhaustion — How long: Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Quirk

Address: Salisbury, Md

Accident or Suicide? No

8

LIBRARY BUREAU A66016

Name in Full: Walter D Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at on Spring Hill Road, Town Salisbury, County Wicomico

Date of death 1904 Month Sept Day 3 Age Years 16 Months 8 Days 23

Sex male Color or Race White Birthplace Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Isaac D Elliott Father's Birthplace Del

Mother's Maiden Name Mary E Griggs Mother's Birthplace Del

Name of person giving Information Isaac D Elliott How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid Fever How long 3 weeks

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Oliver J. Gray M.D.

Address Hebron Md.

Accident or Suicide?

LIBRARY BUREAU A99018

Name in Full: Caroline Emery

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death 190: Month: Sept; Day: 5th; Years: Age 80; Months; Days

Sex: Female; Color or Race: White; Birthplace: Mont. Co, Pa

Occupation: ——; Where Residing if not at place of death: Salisbury

Married, Single or Widowed: Widowed; Name of Wife or Husband: Geo. W. Emery (deceased)

Father's Name: Robt. Gordon; Father's Birthplace: ——

Mother's Maiden Name: ——; Mother's Birthplace: ——

Name of person giving Information: Mrs. Paul Dewees; How related to deceased: Granddaughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-sclerosis; How long: Several years

Immediate: Cerebral hemmorhage; How long: Few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. M. Gordon

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Alberta E Farlow + Baby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Sept — Day: 4 — Years: Age 26 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Wicomico Co.

Occupation: Housewife — Where Residing if not at place of death: Salisbury Md

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Enoch Farlow

Father's Name: Geo. P. Reddish — Father's Birthplace

Mother's Maiden Name: Mary J. Farlow — Mother's Birthplace

Name of person giving In formation: Husband — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Difficult labor — How long: 24 hours

Immediate: Heart failure Second delivery — How long: 2 or 3 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris M.D.

Address: Salisbury Md

Accident or Suicide? 8

LIBRARY BUREAU A88516

Name in Full: Farlow (Child of Enoch Farlow.)

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: Sept — Day: 9 — Age — Years — Months — Days

Sex: not stated. — Color or Race: White — Birthplace: Salisbury, Md.

Occupation: None — Where Residing if not at place of death

Married, Single or Widowed: S. — Name of Wife or Husband

Father's Name: Enoch Farlow — Father's Birthplace: Md.

Mother's Maiden Name: Alcinda Farlow — Mother's Birthplace

Name of person giving information: Father — How related to deceased

Died from Typhoid Fever

Certificate Issued

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long

Immediate: Collapse — How long 2-3 wks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Signed Edward T. Long M.D.

Address: Salisbury Md.

Accident or Suicide? No.

LIBRARY BUREAU A88818

Name in Full: Levina Gale

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Quantico — (County): Wicomico

Date of death: 1904 — Month: Sept — Day: 14 — Years: Age 60 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: Quantico

Occupation: Laborer — Where Residing if not at place of death: Quantico

Married, Single or Widowed: Married — Name of Wife or Husband: John Gale

Father's Name: Don't-Know — Father's Birthplace: Don't-Know

Mother's Maiden Name: Jennie Godden — Mother's Birthplace: Quantico

Name of person giving information: J. M. Jones — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Liver disease — How long: 1 year

Immediate: Dropsy — How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. H. H. Dashiell

Address: Quantico, Md.

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Senora E. Gumby

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: Sept — Day: 18

Age — Years: 5 — Months: 5 — Days: 19

Sex: Female

Color or Race: Black

Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John W Gumby — Father's Birthplace: Md

Mother's Maiden Name: Mary E Barkley — Mother's Birthplace: Md

Name of person giving Information: John W Gumby — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't know — How long: all it's life

Immediate: one Doctor — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Galloway & Co

Address: Salisbury Md

Accident or Suicide?

Undertaker

LIBRARY BUREAU A66016

Name in Full: John Handy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Quantico — County: Wicomico

Date of death: 1904 — Month: Sept- — Day: 1

Age: Years: — Months: 2 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Black Male — Color or Race: Black — Birthplace: near Quantico

Occupation: None — Where Residing if not at place of death: Quantico Md

Married, Single or Widowed: Single — Name of Wife or Husband: Lizzie Handy

Father's Name: John Handy — Father's Birthplace: Quantico

Mother's Maiden Name: Gale — Mother's Birthplace: Quantico

Name of person giving information: John Handy — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: (14) — How long:

Immediate: Dysentery — How long: 1 Month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H H Dashiell

Address: Quantico

Accident or Suicide?

LIBRARY BUREAU A6881C

Name in Full: Eliza Ennals

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick — County: Frederick

Date of death: Month: March — Day: 15 — 1901

Age: Years: 22 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Northampton Co Va

Occupation: Housewife — Where Residing if not at place of death: Frederick

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Henry Handy

Father's Name: Henry Neff — Father's Birthplace: Va

Mother's Maiden Name: Mary Stewart — Mother's Birthplace: Md

Name of person giving Information: Mrs Neff — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Murder — How long: instant

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

C. G. Kressler

Address: [redacted]

Accident or Suicide? No disturbance

LIBRARY BUREAU A86316

Name in Full: Infant no name

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: Sept — Day: 19

Age — Years | Months | Days

Sex: male

Color or Race: White

Birthplace: Salisbury

Occupation: Still Born Child

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Enoch Hastings

Father's Birthplace: Md

Mother's Maiden Name: Lida Lewis

Mother's Birthplace: Md

Name of person giving In formation: Enoch Hastings

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intrauterine Death due to

How long:

Immediate: Premature Separation of Placenta.

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Morris Slemons

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: James R. Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Sept. / Day: 4th / 1904

Age — Years: — Months: 4 — Days: 12

Sex: Male

Color or Race: White

Birthplace: Salisbury Md.

Occupation: —

Where Residing if not at place of death: at his Fathers house

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Hopkins

Father's Birthplace: North Carolina

Mother's Maiden Name: Margaret Robinson

Mother's Birthplace: " "

Name of person giving information: Robert Hopkins

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrocephalus — How long: Lifetime

Immediate: Typhoid — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? I suppose so

Signature of Physician: J McGuirk

Address: Salisbury Md

I know

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Emery Le Hudson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Sept 1; Day: 11; 1904

Age: Years: 14; Months: ; Days:

Sex: Male

Color or Race: Black

Birthplace: Salisbury Md.

Occupation: Mill hand

Where Residing if not at place of death: in Salisbury

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Frederick O. Hudson

Father's Birthplace: Salisbury Md.

Mother's Maiden Name: Leah J. Darhill

Mother's Birthplace: " "

Name of person giving In formation: Frederick O. Hudson

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 or 3 wks

Immediate: Dont Know — How long: Dont Know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. H. Todd

Address: Salisbury Md

Accident or Suicide?

8

LIBRARY BUREAU A88818

Name in Full: Virgie Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Quantico — County: Wicomico

Date of death: 1904 — Month: Sept — Day: 9 — Age: Years: 8 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: Quantico

Occupation: None — Where Residing if not at place of death: Quantico Md

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: William Jackson — Father's Birthplace: Quantico

Mother's Maiden Name: Church — Mother's Birthplace: Quantico

Name of person giving Information: Wm Jackson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: (1) — How long

Immediate: Typhoid Fever — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H K Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Richard E. Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharps Point — County: Wicomico

Date of death 1904. Month: Sept. Day: 27th — Age: Years 83, Months 7, Days

Sex: Male — Color or Race: White — Birthplace: Somerset Co. Md

Occupation: Carpinder — Where Residing if not at place of death: Sharps Point

Married, Single or Widowed: Widower — Name of Wife or Husband: Gertrude Jenkins

Father's Name: Richard Jenkins — Father's Birthplace: Md.

Mother's Maiden Name: Sookie Sutton — Mother's Birthplace: Md.

Name of person giving information: Capt. Samuel Jenkins — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infirmities of old age — How long: 54

Immediate: not known — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No physician attended him

Address: undertaker Salisbury

PHYSICIAN OR CORONER

Accident or Suicide?

Geo. E. Hill

8

LIBRARY BUREAU A88516

Name in Full: Unnamed Infant of Jacob Jones

CERTIFICATE OF DEATH

Died at — Town: Salisbury — County: Wicomico — MARYLAND

Date of death: Month: Sept — Day: 19 — Years: — Months: — Days: 3

Age

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Infant — Name of Wife or Husband

Father's Name: Jacob Jones — Father's Birthplace: Md

Mother's Maiden Name: Myra Smith — Mother's Birthplace: Md

Name of person giving Information: Jacob Jones — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Insufficiency — How long: 3 days

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Clemons M.D.

Address: Salisbury Md

Accident or Suicide? 8

LIBRARY BUREAU A88016

Name in Full: Carroll S. Kelley

CERTIFICATE OF DEATH

MARYLAND

Died in Town: Nuttes District County: Wicomico

Date of death: Month: Sept. Day: 8 Year: 1904 Age: Years: One Months: three Days:

Sex: Male Color or Race: White Birthplace: in Nuttes Wicomico Co.

Occupation: ~~~~~ Where Residing if not at place of death: at his Fathers home (Md.

Married, Single or ~~Widowed~~: ~~Name of Wife or Husband~~:

Father's Name: Edward M. Kelley Father's Birthplace: Md.

Mother's Maiden Name: Jennie B. Matthews Mother's Birthplace: "

Name of person giving Information: Alfred Reddish How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculous Meningitis How long: [redacted]

Immediate: Coma & Heart failure How long: for 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis Williams MD

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Robt Kilgore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Metzgquin — County: Wicomico

Date of death: Month: 1904 Sept — Day: 2 — Years: Age 4 — Months: 4 — Days: 4

Sex: Male — Color or Race: Colored — Birthplace: Metzgquin

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: Harry Kilgore

Father's Name: Harry Kilgore — Father's Birthplace: St Mary's Md

Mother's Maiden Name: Lucretia Whiting — Mother's Birthplace: Metzgquin Md

Name of person giving information: Harry Kilgore — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary: Stomach trouble — How long: 3 months

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Robert Kilgore

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wetipquin — County: Wicomico

Date of death: 1904 — Month: Sept — Day: 2

Age — Years: 4 — Months: 4 — Days: 4

Sex: Male — Color or Race: Colored — Birthplace: Wetipquin

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Harry Kilgore — Father's Birthplace: St. Mary's Co

Mother's Maiden Name: Lucretia Whitney — Mother's Birthplace: Wetipquin

Name of person giving information: Harry Kilgore — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Stomach Trouble — How long

Immediate: " " — How long: 3 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Copy of Bd's

Accident or Suicide?

Signature of Physician

Address

LIBRARY BUREAU A63816

Name in Full: Manlas Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Royal Oak — County: Wicomico

Date of death: 1904 — Month: Sept — Day: 24 — Years: Age 67 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Springhill

Occupation: Farmer — Where Residing if not at place of death: Royal Oak

Married, Single or Widowed: married — Name of Wife or Husband: Mary E. Mills

Father's Name: Samuel Mills — Father's Birthplace: Don't Know

Mother's Maiden Name: Gosler — Mother's Birthplace: Don't Know

Name of person giving information: Wm H. K. Dashiell — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long: 4 or 5 years

Immediate: Rheumatism of Brain — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H. K. Dashiell

Address: Quantico Md

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A66616

Name in Full: Mary E. Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Sept. — Day: 12 — Year: 1904 — Age: Years: 17 — Months: 10 — Days: 18

Sex: Female — Color or Race: Col'd — Birthplace: Westminster

Occupation — Where Residing if not at place of death

Married, ~~Single~~ or Widowed: yes — Name of ~~Wife~~ or Husband: Wm Mitchell

Father's Name: W. F. Jones — Father's Birthplace: Westminster

Mother's Maiden Name: Mary E. Jones — Mother's Birthplace: Shrewsbury

Name of person giving Information: Peter Jones — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 7 months

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Gring

Address

Accident or Suicide?

LIBRARY BUREAU A89316

Mr. Wm. Lang
Buchanan Co.
Brooklyn
Iowa
Per Annis
Ans

Chi. Ill. Dec 26
Dear Mr Lang I=15
Undoubtedly Burdette Sprout

Name in Full: Lizzie Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 1 mile N of Salisbury County: Wicomico

Date of death: Month: Sept Day: 6 Years: Age 45 Months Days

Sex: Female Color or Race: White Birthplace: Del

Occupation: House work Where Residing if not at place of death

Married, Single or Widowed Name of ~~Husband~~ Wife or: Edward Parker

Father's Name Father's Birthplace

Mother's Maiden Name: Margaret Chandler Mother's Birthplace: Del

Name of person giving Information: Robert Jones How related: deceased Half Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Rheumatism 4 8 How long: 6 months

Immediate: Heart failure How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Gardiner Stringfield M.D.

Address: Salisbury Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Name in Full: No Name

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Salisbury — County: Wicomico

Date of death: Month: Sept — Day: 14 — 1904

Age: Years — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Levin A. Porter — Father's Birthplace: Wicomico Co

Mother's Maiden Name: Mary E. Hatton — Mother's Birthplace: " "

Name of person giving In formation: W. J. Porter — How related to deceased: Brother

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CAUSES OF DEATH

Primary: Enteric Infection — How long

Immediate: Maintion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: F. M. Simmons M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: Sept — Day: 10

Age: Years: — Months: 2 — Days: 15

Sex: male — Color or Race: Black — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Giffes — Father's Birthplace: N. C.

Mother's Maiden Name: Sallie J. Pinkett — Mother's Birthplace: Md

Name of person giving Information: Jesse Giffes — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't know 179 — How long: about 1/2 hr.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D E Holloway M.D.

Address: Salisbury Md

Accident or Suicide? 8

LIBRARY BUREAU A88516

Name in Full: Fanny Smith.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury. County: Wicomico Co.

Date of death 1904: Month: Sept. Day: 12. Age: Years: 21 Months: 4 Days: 2.

Sex: Female. Color or Race: White. Birthplace: Salisbury.

Occupation: Dress Maker. Where Residing if not at place of death:

Married, Single or Widowed: Single. Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Solon Smith. Father's Birthplace: London

Mother's Maiden Name: Carrie Brown. Mother's Birthplace: "

Name of person giving In formation: Sarah Smith. How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever. How long: 3 weeks

Immediate: Hemorrhage. How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Elderdice.

Address: [redacted] Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Harold Stevenson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: 1908 — Month: Sept — Day: 23 — Age: Years 1 — Months 11 — Days 22

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: James E Stevenson — Father's Birthplace: Mich

Mother's Maiden Name: Flora Marshall D5 — Mother's Birthplace: Md

Name of person giving information: James E Stevenson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteric Infection — How long: 7 months

Immediate: Heart Failure — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Stevenson

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A68518

Name in Full: Caroline E. Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Sept.; Day: 6; Year: 1904; Age: Years: 18; Months: 6; Days:

Sex: Female; Color or Race: Negro; Birthplace: Salisbury

Occupation:

Where Residing if not at place of death: in Salisbury

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel E. Taylor; Father's Birthplace: Maryland

Mother's Maiden Name: Susan Ann Leary; Mother's Birthplace: "

Name of person giving Information: Samuel E. Taylor; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 8 months

Immediate: Asthenia & Heart failure; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Ennis M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66515

Name in Full: Mrs Katie Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 190[illegible] — Month: Sept — Day: 6 — Age — Years: 26 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: Housewife — Where Residing if not at place of death: Wesley Manor Co. Md.

Married, Single or Widowed: Married — Name of Wife or Husband: George Taylor

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Dr Straughn — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miscarriage — How long: 10 days

Immediate: Peritonitis — How long: 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C. V. Humphreys, M.D.

Address: Salisbury, Md.

Accident or Suicide? No —

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LIBRARY BUREAU A68016

Name in Full: Willie P. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Sept — Day: 11 — 1904

Age: Years: One — Months: eight — Days:

Sex: Male

Color or Race: Negro

Birthplace: Salisbury Md.

Occupation:

Where Residing if not at place of death: at Salisbury

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Matthew Thomas

Father's Birthplace: Salisbury Md.

Mother's Maiden Name: Julia Dashiell

Mother's Birthplace: " "

Name of person giving In formation: Julia Dashiell

How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed to have been from

How long: Teething (him)

~~Immediate~~: I dont know there was no Doctor attending

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. C. Hill

Address: Undertaker Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Handy W Trader

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) 3 mile East of Salisbury (County) Wicomico

Date of death 1904	Month	Day	Age	Years	Months	Days
	Sept	6		20	10	

Sex: Male | Color or Race: Black | Birthplace: Md

Occupation: Farmer | Where Residing if not at place of death:

~~Married~~ Single or ~~Widowed~~ | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John W Trader | Father's Birthplace: Md

Mother's Maiden Name: Lizzie Hamblin | Mother's Birthplace: Md

Name of person giving information: John W Trader | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Intercurrent | How long: 3 weeks.

Immediate: Heart. Failure | How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Gardner Stump M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Simon Ulman.

CERTIFICATE OF DEATH

MARYLAND

Died at 5.30 — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: Sept. — Day: 5 — Age: Years 62. — Months 10 — Days

Sex: Male — Color or Race: White — Birthplace: Penn.

Occupation: Retired merchant — Where Residing if not at place of death: E. Church St.

Married, Single or Widowed: Married — Name of Wife or Husband: Carrie Ulman.

Father's Name: Joseph Ulman. — Father's Birthplace: Germany

Mother's Maiden Name: Sara Ulman. — Mother's Birthplace: Germany

Name of person giving Information: Mrs. S. Ulman. — How related to deceased: Sister-in-law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: arteri-Sclerosis — How long: Several years

Immediate: Cerebral hemorrhage — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Thomas White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Sept. 1904; Day: 12

Age: Years: 33; Months: 11; Days: 4

Sex: Male

Color or Race: White

Birthplace: Wicomico

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Sidney White

Father's Birthplace: Wicomico Co. Md.

Mother's Maiden Name: Emma V. Brewington

Mother's Birthplace: " " "

Name of person giving Information: Emma V. White

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Run over by box car on railroad (accidental)

How long:

Immediate: Fract. neck & back.

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis W. Morris. M.D.

Address: Salisbury Md.

Accident or Suicide? A

LIBRARY BUREAU A88516

Name in Full: Vernon Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostland — County: Wicomico

Date of death: Month: 1904 Sept — Day: 20 — Age: Years: — Months: 1 — Days: 13

Sex: male — Color or Race: Black — Birthplace: Frostland Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John H Williams — Father's Birthplace: Md

Mother's Maiden Name: Rebecca L Brewington — Mother's Birthplace: Md

Name of person giving Information: John H Williams — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Lifetime

Immediate: Inanition — How long: Few days

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: [illegible]

Address: Salisbury Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: John T. Wright

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fruitland — County: Wicomico

Date of death 1904 — Month: Sept — Day: 23 — Age — Years: 41 — Months: — Days:

Sex: Male — Color or Race: Negro — Birthplace: Somerset

Occupation: Waiter — Where Residing if not at place of death:

Married, Single or Widowed: Single — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert H Wright — Father's Birthplace: "

Mother's Maiden Name: Tata Wright — Mother's Birthplace: "

Name of person giving Information: Dulany Wright — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Simmons

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A6513